

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2005Open to Public
Inspection**A** For the 2005 calendar year, or tax year beginning **APR 1, 2005** and ending **MAR 31, 2006****B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization**THE AMERICAN BREAST CANCER FOUNDATION INC.**Number and street (or P O box if mail is not delivered to street address)
1220-B EAST JOPPA ROADRoom/suite
332City or town, state or country, and ZIP + 4
BALTIMORE, MD 21286**D** Employer identification number**52-2031814****E** Telephone number**410-825-9388****F** Accounting method: ☐ Cash ☒ Accrual
☐ Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and **I** are not applicable to section 527 organizations.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶ **N/A****H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No
(If "No," attach a list)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶ **N/A****M** Check ☐ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)**G** Website: ▶ **WWW.ABCF.ORG****J** Organization type (check only one) ▶ ☒ 501(c)(3) (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **16,204,207.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1 Contributions, gifts, grants, and similar amounts received					
	a Direct public support	1a	16,174,600.			
	b Indirect public support	1b				
	c Government contributions (grants)	1c				
	d Total (add lines 1a through 1c) (cash \$ 16,171,600. noncash \$ 3,000.)	1d	16,174,600.			
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2				
	3 Membership dues and assessments	3				
	4 Interest on savings and temporary cash investments	4	4,133.			
	5 Dividends and interest from securities	5	6,016.			
	6 a Gross rents	6a				
	b Less rental expenses	6b				
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c				
7 Other investment income (describe ▶)	7					
Revenue	8 a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	b Less cost or other basis and sales expenses	8a		8b	23.	
	c Gain or (loss) (attach schedule)	8c		-23.		
	d Net gain or (loss) (combine line 8c, columns (A) and (B))			STMT 1	8d	-23.
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
	a Gross revenue (not including \$ of contributions reported on line 1a)	9a				
	b Less direct expenses other than fundraising expenses	9b				
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c				
	10 a Gross sales of inventory, less returns and allowances	10a				
	b Less cost of goods sold	10b				
Expenses	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c				
	11 Other revenue (from Part VII, line 103)	11	19,458.			
	12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	16,204,184.			
	13 Program services (from line 44, column (B))	13	9,788,268.			
	14 Management and general (from line 44, column (C))	14	180,216.			
	15 Fundraising (from line 44, column (D))	15	4,734,128.			
	16 Payments to affiliates (attach schedule)	16				
	17 Total expenses (add lines 16 and 44, column (A))	17	14,702,612.			
	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	1,501,572.			
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,532,312.			
Assets	20 Other changes in net assets or fund balances (attach explanation)	20	0.			
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	3,033,884.			

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LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2005)

**THE AMERICAN BREAST CANCER FOUNDATION
INC.**

Form 990 (2005)

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**Part II Statement of
Functional Expenses**

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ 357,500. noncash \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	22	357,500.	357,500.	STATEMENT 4
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc. **	25	169,184.	124,452.	23,415.
26	Other salaries and wages	26	339,184.	249,505.	46,936.
27	Pension plan contributions	27	6,942.	5,278.	861.
28	Other employee benefits	28			
29	Payroll taxes	29	42,206.	31,655.	5,487.
30	Professional fundraising fees	30	12,726,319.	8,106,578.	4,619,741.
31	Accounting fees	31	45,685.	45,685.	
32	Legal fees	32			
33	Supplies	33	15,061.	12,049.	1,506.
34	Telephone	34	25,891.	20,713.	1,295.
35	Postage and shipping	35	25,892.	20,714.	1,295.
36	Occupancy	36	64,897.	38,938.	19,469.
37	Equipment rental and maintenance	37	4,672.	3,333.	888.
38	Printing and publications	38	28,525.	25,673.	1,426.
39	Travel	39	11,986.	11,147.	240.
40	Conferences, conventions, and meetings	40			
41	Interest	41	39.	25.	2.
42	Depreciation, depletion, etc. (attach schedule)	42	18,776.	10,327.	2,816.
43	Other expenses not covered above (itemize):				
a		43a			
b		43b			
c		43c			
d		43d			
e		43e			
f		43f			
g	SEE STATEMENT 2	43g	819,853.	770,381.	28,895.
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	14,702,612.	9,788,268.	180,216.
				4,734,128.	

Joint Costs. Check ☒ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☒ Yes ☐ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ **12,726,319.** (ii) the amount allocated to Program services \$ **8,106,578.**

(iii) the amount allocated to Management and general \$ **0.** ; and (iv) the amount allocated to Fundraising \$ **4,619,741.**

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** SEE STATEMENT 3

THE AMERICAN BREAST CANCER FOUNDATION
INC.

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Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► TO PROVIDE FUNDS FOR BREAST CANCER RESEARCH AND EDUCATION		Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)		
a	THE AMERICAN BREAST CANCER FOUNDATION HAS REACHED HUNDREDS OF THOUSANDS OF PEOPLE BY TELEPHONE, EDUCATIONAL MESSAGES AND NEWSLETTERS. FUNDS HAVE BEEN PROVIDED FOR MAMMOGRAM EXAMS FOR WOMEN WHO COULD NOT OTHERWISE AFFORD THEM.	
	(Grants and allocations \$ 357,500.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	9,788,268.
b		
	(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c		
	(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d		
	(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e	Other program services (attach schedule)	
	(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	9,788,268.

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Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	1,878,175.	45	3,078,700.
	46 Savings and temporary cash investments		46	263,113.
	47 a Accounts receivable			
	b Less: allowance for doubtful accounts	304.	47c	
	48 a Pledges receivable			
	b Less: allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	2,126.
	54 Investments - securities STMT 5 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	0.	54	207,214.
	55 a Investments - land, buildings, and equipment: basis			
	b Less: accumulated depreciation	51,247.	55c	
56 Investments - other	201,198.	56	0.	
57 a Land, buildings, and equipment: basis	200,848.			
b Less: accumulated depreciation	128,062.	57c	72,786.	
58 Other assets (describe <input type="checkbox"/> SEE STATEMENT 6)	4,807.	58	4,668.	
59 Total assets (must equal line 74). Add lines 45 through 58	2,135,731.	59	3,628,607.	
Liabilities	60 Accounts payable and accrued expenses	603,419.	60	594,723.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe <input type="checkbox"/>)		65	
66 Total liabilities. Add lines 60 through 65	603,419.	66	594,723.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	1,532,312.	67	2,504,875.
	68 Temporarily restricted		68	529,009.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19; column (B) must equal line 21)	1,532,312.	73	3,033,884.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	2,135,731.	74	3,628,607.	

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a	Total revenue, gains, and other support per audited financial statements	a	16,204,184.
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify):	b4	
	Add lines b1 through b4	b	0.
c	Subtract line b from line a	c	16,204,184.
d	Amounts included on Part I, line 12, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines d1 and d2	d	0.
e	Total revenue (Part I, line 12). Add lines c and d	e	16,204,184.

a	Total expenses and losses per audited financial statements		a	14,702,612.
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify): _____	b4		
	Add lines b1 through b4		b	0.
c	Subtract line b from line a		c	14,702,612.
d	Amounts included on Part I, line 17, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify): _____	d2		
	Add lines d1 and d2		d	0.
e	Total expenses (Part I, line 17). Add lines c and d		e	14,702,612.

[illegible]

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	Yes	No
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9

75b

X

75c

X

75d

X

Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address

NONE

(B) Loans and Advances

(C) Compensation

(D) Contributions to employee benefit plans & deferred compensation plans:

(E) Expense
account and
other allowances

	Yes	No
--	-----	----

76

77

78a

N/A

78h

79

10

80a

10

Exempt or

☐ nonexempt

81a

0

81b

THE AMERICAN BREAST CANCER FOUNDATION

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Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed SEE ATTACHED LIST		
b	Number of employees employed in the pay period that includes March 12, 2005	90b	14
91 a	The books are in care of PHYLLIS WOLF Telephone no 410-825-9388 Located at 1220-B EAST JOPPA ROAD, SUITE 328, BALTIMORE, MD ZIP + 4 21286		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country <u>N/A</u>	91c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

Form 990 (2005)

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	4,133.	
96 Dividends and interest from securities			14	6,016.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-23.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a LIST RENTALS			15	19,458.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		29,584.	0.
105 Total (add line 104, columns (B), (D), and (E))					29,584.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	N/A

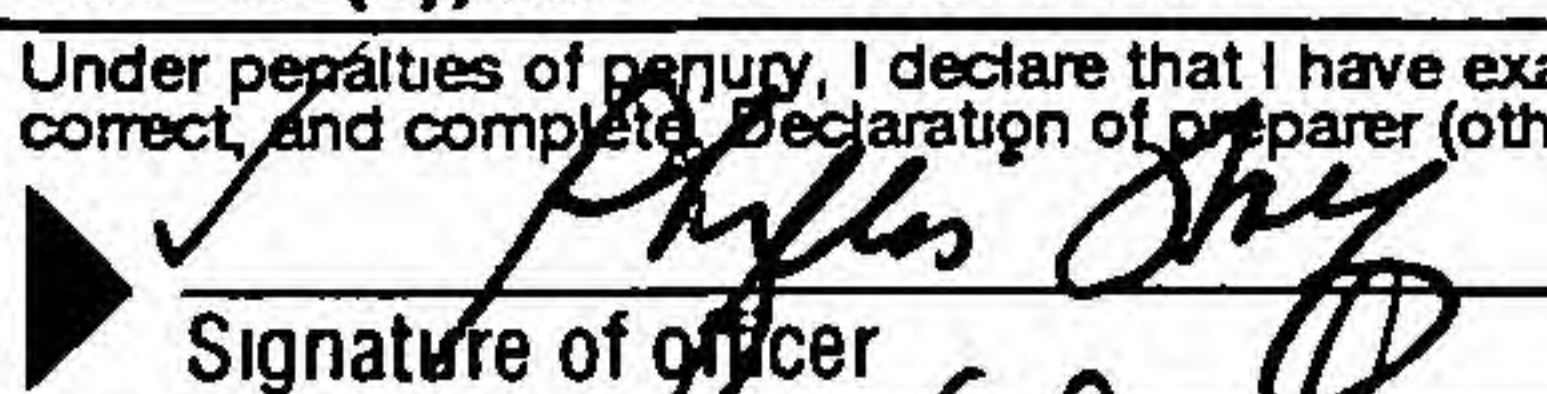
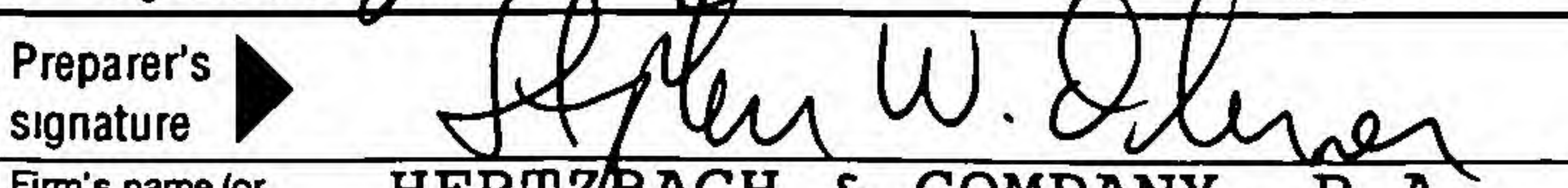
Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		11-9-2006 Date	PHYLLIS WOLF, PRESIDENT Type or print name and title
Paid Preparer's Use Only	 Preparer's signature		11/7/06 Date	<input type="checkbox"/> Check if self-employed
	HERTZBACH & COMPANY, P.A. 10 MUSIC FAIR ROAD OWINGS MILLS, MD 21117 Firm's name (or yours if self-employed), address, and ZIP + 4		Preparer's SSN or PTIN EIN Phone no 410-363-3200	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2005

Name of the organization **THE AMERICAN BREAST CANCER FOUNDATION
INC.**

Employer identification number
52 2031814

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions List each one If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NON PROFIT PROMOTIONS 828 DULANEY VALLEY ROAD SUITE 10, TOWSON, MD 2120	FUNDRAISING/SOLICITATION SERVICES	5175006.
COMMUNITY SUPPORT, INC. 312 EAST WISCONSIN AVE. SUITE 408, MILWAUKEE, WI	FUNDRAISING/SOLICITATION SERVICES	3939109.
ORGANIZATIONAL DEVELOPMENT, INC. 5311 LAKE WORTH ROAD, LAKE WORTH, FL 33463	FUNDRAISING/SOLICITATION SERVICES	1782830.
PREFERRED COMMUNITY SERVICES 5696 W. 74TH STREET, INDIANAPOLIS, IN 46278	FUNDRAISING/SOLICITATION SERVICES	1090883.
NEWPORT CREATIVE COMMUNICATIONS 33 RAILROAD AVE. SUITE #1, DUXBURY, MA 02332-3807	FUNDRAISING/SOLICITATION SERVICES	530,171.
Total number of others receiving over \$50,000 for professional services	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None" See page 2 of the instructions)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services	0	

THE AMERICAN BREAST CANCER FOUNDATION

Schedule A (Form 990 or 990-EZ) 2005 INC.

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Part III Statements About Activities (See page 2 of the instructions)

Yes No

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990

2d X

e Transfer of any part of its income or assets?

2e X

3 a Do you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)

3a X

b Do you have a section 403(b) annuity plan for your employees?

3b X

c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?

3c X

4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?

4a X

b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?

4b X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box.)

5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► _____

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)

11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)

11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)

12 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations (See page 6 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions)

THE AMERICAN BREAST CANCER FOUNDATION

Schedule A (Form 990 or 990-EZ) 2005 **INC.**

52-2031814 Page 3

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	11,179,137.	7,316,830.	4,428,887.	3,501,553.	26,426,407.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose		56,361.	22,391.		78,752.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	119.		0.	1,923.	2,042.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets		225.	SEE STATEMENT 9		225.
23 Total of lines 15 through 22	11,179,256.	7,373,416.	4,451,278.	3,503,476.	26,507,426.
24 Line 23 minus line 17	11,179,256.	7,317,055.	4,428,887.	3,503,476.	26,428,674.
25 Enter 1% of line 23	111,793.	73,734.	44,513.	35,035.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					528,573.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26,428,674.
d Add: Amounts from column (e) for lines 18 <u>2,042.</u> 19 _____ 22 <u>225.</u> 26b _____					2,267.
e Public support (line 26c minus line 26d total)					26,426,407.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					99.9914%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
(2004) _____ (2003) _____ (2002) _____ (2001) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(2004) _____ (2003) _____ (2002) _____ (2001) _____					
c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					N/A
d Add: Line 27a total _____ and line 27b total _____					N/A
e Public support (line 27c total minus line 27d total)					N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)			N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					N/A %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

THE AMERICAN BREAST CANCER FOUNDATION

Schedule A (Form 990 or 990-EZ) 2005 INC.

52-2031814 Page 4

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain. (If you need more space, attach a separate statement)		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement)		
34 a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4.05 of Rev. Proc. 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

Schedule A (Form 990 or 990-EZ) 2005

Part VI-A **Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions)

N/A

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check ☐ a ☐ if the organization belongs to an affiliated group

Check ☐ b ☐ if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

(a)
Affiliated group
totals

(b)
To be completed for ALL
electing organizations

N/A

- | | | |
|-----------|-------------------------------------------------------------------------------|---------------------------------------------------|
| 36 | Total lobbying expenditures to influence public opinion (grassroots lobbying) | |
| 37 | Total lobbying expenditures to influence a legislative body (direct lobbying) | |
| 38 | Total lobbying expenditures (add lines 36 and 37) | |
| 39 | Other exempt purpose expenditures | |
| 40 | Total exempt purpose expenditures (add lines 38 and 39) | |
| 41 | Lobbying nontaxable amount Enter the amount from the following table - | |
| | If the amount on line 40 is - | The lobbying nontaxable amount is - |
| | Not over \$500,000 | 20% of the amount on line 40 |
| | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 |
| | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 |
| | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 |
| | Over \$17,000,000 | \$1,000,000 |
| 42 | Grassroots nontaxable amount (enter 25% of line 41) | |
| 43 | Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36 | |
| 44 | Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38 | |

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				N/A
Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines **c** through **h**.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines **c** through **h**.)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		0.

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 1

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
COMPUTER EQUIPMENT	VARIOUS	03/31/06	PURCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC
JUNKED	0.	12,999.	0.	12,999.
				0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
FURNITURE	VARIOUS	03/31/06	PURCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC
JUNKED	0.	1,449.	0.	1,426.
				-23.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
OFFICE EQUIPMENT	VARIOUS	03/31/06	PURCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC
JUNKED	0.	18,865.	0.	18,865.
				0.
TO FM 990, PART I, LN 8		33,313.	0.	33,290.
				-23.

FORM 990 OTHER EXPENSES STATEMENT 2

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ADVERTISING	25,410.	25,410.	0.	0.
AUTOMOBILE	368.	332.	22.	14.
INSURANCE	38,112.	28,584.	4,955.	4,573.
LICENSES AND PERMITS	3,588.	180.	538.	2,870.
MAMMOGRAM SERVICES	619,916.	619,916.	0.	0.
MEALS AND ENTERTAINMENT	2,583.	2,325.	155.	103.
OFFICE EXPENSE	42,398.	38,158.	2,544.	1,696.

OUTSIDE SERVICES	84,028.	53,778.	20,167.	10,083.
TRAINING	958.	199.	199.	560.
UTILITIES	2,142.	1,499.	215.	428.
DONATIONS	350.	0.	100.	250.
TOTAL TO FM 990, LN 43	819,853.	770,381.	28,895.	20,577.

FORM 990

OFFICER COMPENSATION ALLOCATION
PART II, LINE 25

STATEMENT 3

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
PHYLLIS WOLF	90,000.	2,700.		92,700.
A. PROGRAM SERVICES	66,204.	1,986.		68,190.
B. MANAGEMENT AND GENERAL	12,456.	374.		12,830.
C. FUNDRAISING	11,340.	340.		11,680.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
TAMMY WAGNER	74,256.	2,228.		76,484.
A. PROGRAM SERVICES	54,623.	1,639.		56,262.
B. MANAGEMENT AND GENERAL	10,277.	308.		10,585.
C. FUNDRAISING	9,356.	281.		9,637.

TOTAL PROGRAM SERVICES				124,452.
TOTAL MANAGEMENT AND GENERAL				23,415.
TOTAL FUNDRAISING				21,317.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B				169,184.

FORM 990

CASH GRANTS AND ALLOCATIONS

STATEMENT 4

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
RESEARCH	JHU BREAST CANCER RESEARCH PROGRAM	1650 ORLEANS ST, ROOM 409, BALTIMORE, MD	NONE	357,500.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				357,500.

FORM 990

NON-GOVERNMENT SECURITIES

STATEMENT

5

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
MUTUAL FUNDS	FMV			207,214.	207,214.
TO FORM 990, LINE 54, COL B				207,214.	207,214.

FORM 990

OTHER ASSETS

STATEMENT

6

DESCRIPTION	AMOUNT
DEPOSITS	3,562.
INTANGIBLE ASSETS	1,106.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	4,668.

FORM 990

PART V-A - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 7

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
BRENDA LOUBE 1220-B EAST JOPPA ROAD, SUITE 332 BALTIMORE, MD 21286	BOARD MEMBER 3.00	0.	0.	0.
CHRISTINE MITCHELL 1220-B EAST JOPPA ROAD, SUITE 332 BALTIMORE, MD 21286	VICE CHAIR OF THE BOARD 3.00	0.	0.	0.
CLAUDINE BIDDISON 1220-B EAST JOPPA ROAD, SUITE 332 BALTIMORE, MD 21286	BOARD MEMBER 3.00	0.	0.	0.
FRANCES KATSHA 1220-B EAST JOPPA ROAD, SUITE 332 BALTIMORE, MD 21286	BOARD MEMBER 3.00	0.	0.	0.
GEORGE BROWN 1220-B EAST JOPPA ROAD, SUITE 332 BALTIMORE, MD 21286	SECRETARY 3.00	0.	0.	0.
LINDA RAMIZA 1220-B EAST JOPPA ROAD, SUITE 332 BALTIMORE, MD 21286	TREASURER OF THE BOARD 3.00	0.	0.	0.
PATRICIA HARGEST 1220-B EAST JOPPA ROAD, SUITE 332 BALTIMORE, MD 21286	CHAIRPERSON OF THE BOARD 3.00	0.	0.	0.
PHYLLIS WOLF 1220-B EAST JOPPA ROAD, SUITE 332 BALTIMORE, MD 21286	PRESIDENT 40.00	90,000.	2,700.	0.
TAMMY WAGNER 1220-B EAST JOPPA ROAD, SUITE 332 BALTIMORE, MD 21286	EXECUTIVE DIRECTOR 40.00	74,256.	2,228.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		164,256.	4,928.	0.

FORM 990

EXPLANATION OF RELATIONSHIP
PART V-A, LINE 75B

STATEMENT 8

INDIVIDUAL'S NAME

TITLE OR ROLE

PHYLLIS WOLF

PRESIDENT

INDIVIDUAL'S NAME

TITLE OR ROLE

JOE WOLF

OWNER OF NON PROFIT PROMOTIONS

EXPLANATION OF RELATIONSHIP

FAMILY MEMBERS

SCHEDULE A

OTHER INCOME

STATEMENT 9

DESCRIPTION

2004
AMOUNT2003
AMOUNT2002
AMOUNT2001
AMOUNT

OTHER INCOME

0.

225.

0.

0.

TOTAL TO SCHEDULE A, LINE 22

0.

225.

0.

0.

AMERICAN BREAST CANCER FOUNDATION
Depreciation Expense [Depreciation]
GAAP
E:\ASSETS abcf.cdb
For the Period April 1, 2005 to March 31, 2006

Asset ID	Placed in service	Depr Meth/Conv	Life Yr Mo	Book Cost	Depr & AFYD This Period	YEAR TO DATE				
						Beginning Accum Depr	Current Depr & AFYD	Net Sec 179/Sec 179A	Net Additions Deletions	Ending Accum Depr
Class COMP										
AMBR000130	COMPUTER EQUIPMENT									
	12/18/1997	SL100FM	5 0	1,170 00	0 00	1,170 00	0 00	0 00	-1,170 00	0 00
AMBR000140	COMPUTER EQUIPMENT									
	12/20/1997	SL100FM	5 0	1,139 00	0 00	1,139 00	0 00	0 00	-1,139 00	0 00
AMBR000210	COMPAQ 486 COMPUTER									
	05/01/1997	SL100FM	5 0	700 00	0 00	635 67	0 00	0 00	-635 67	0 00
AMBR000280	COMPUTER MONITOR									
	10/21/1998	SL100FM	5 0	157 00	0 00	154 30	0 00	0 00	-154 30	0 00
AMBR000290	COMPUTER PRINTER									
	11/02/1998	SL100FM	5 0	257 00	0 00	257 00	0 00	0 00	-257 00	0 00
AMBR000300	COMPUTER SYSTEM									
	11/30/1998	SL100FM	5 0	1,354 00	0 00	1,331 17	0 00	0 00	-1,331 17	0 00
AMBR000310	COMPUTER EQUIPMENT									
	01/06/1999	SL100FM	5 0	412 00	0 00	412 00	0 00	0 00	-412 00	0 00
AMBR000350	MONITOR AND ZIP DRIVE									
	07/10/1998	SL100FM	5 0	346 00	0 00	346 00	0 00	0 00	-346 00	0 00
AMBR000360	COMPUTER SYSTEM									
	12/15/1998	SL100FM	5 0	1,159 00	0 00	1,159 00	0 00	0 00	-1,159 00	0 00
AMBR000470	COMPUTER EQUIPMENT									
	08/23/1999	SL100FM	5 0	1,280 00	0 00	1,258 33	0 00	0 00	-1,258 33	0 00
AMBR000480	COMPUTER									
	09/22/1999	SL100FM	5 0	842 00	0 00	827 77	0 00	0 00	-827 77	0 00
AMBR000490	COMPUTER									
	10/22/1999	SL100FM	5 0	913 00	0 00	897 70	0 00	0 00	-897 70	0 00
AMBR000710	COMPUTERS									
	01/30/2001	SL100FM	5 0	1,572 93	235 92	1,337 01	235 92	0 00	-1,572 93	0 00
AMBR000720	COMPUTERS									
	11/29/2000	SL100FM	5 0	1,697.43	198.02	1,499 41	198 02	0 00	-1,697 43	0 00
AMBR000750	MONITOR - TAMMY									
	06/22/2001	SL100FM	5 0	599 97	119 99	459 97	119 99	0 00	0 00	579 96
AMBR000760	DELL COMPUTER - TAMMY									
	02/03/2002	SL100FM	5 0	1,947 94	389 59	1,233 70	389 59	0 00	0 00	1,623 29
AMBR000770	DELL COMPUTER MAUREEN									
	02/03/2002	SL100FM	5 0	1,967 93	393 59	1,246 37	393 59	0 00	0 00	1,639 96
AMBR000780	DELL COMPUTER									
	02/22/2002	SL100FM	5 0	2,691 75	538 35	1,704 77	538 35	0 00	0 00	2,243 12
AMBR000790	DELL COMPUTER									
	03/03/2002	SL100FM	5 0	1,182.90	236 58	729 45	236.58	0 00	0 00	966 03
AMBR000800	16 FXS Vina Box - 8 Data Channels, 16 Voice									
	08/20/2001	SL100FM	5 0	3,158 62	631 72	2,316 31	631 72	0 00	0 00	2,948 03
AMBR000810	NETWORK SERVER & EQUIPMENT 800MHZ INFOR SERVER, 10 MODEM STATIONS, 10 VOICE & PERIPHERALS									
	05/16/2001	SL100FM	5 0	8,605 00	1,721 00	6,740 58	1,721.00	0 00	0 00	8,461 58
AMBR000830	MULTIFUNCTIONAL IMAGE RUNNER, POWER FILTER DIGITAL WALL MOUNT									
	04/01/2004	SL100FM	5 0	8,322 16	1,664 43	1,664 43	1,664 43	0 00	0 00	3,328 86
AMBR000840	RAISER'S EDGE COMPUTER SOFTWARE									
	05/13/2004	SL100FM	5 0	20,945 00	4,189 00	3,839 92	4,189 00	0 00	0 00	8,028 92
AMBR000850	XEON SERVER AND NETWORK INSTALLATION									
	05/13/2004	SL100FM	5 0	4,549 00	909 80	833 98	909 80	0 00	0 00	1,743 78
AMBR000860	COMPUTER MONITOR									
	08/24/2004	SL100FM	5 0	4,143 32	828 66	552.44	828.66	0 00	0 00	1,381.10
AMBR000890	SONY TAPE DRIVE AND HP GHZ PROCESSOR									
	01/05/2005	SL100FM	5 0	2,226 25	445 25	111 31	445 25	0 00	0 00	556 56
AMBR000920	COMPUTER - ACERS									
	05/31/2005	SL100FM	5 0	2,165 96	397.09	0 00	397 09	0 00	0 00	397.09

Asset ID	Placed in service	Depr Meth/Conv	Life Yr Mo	Book Cost	Depr & AFYD This Period	Beginning Accum Depr	Current Depr & AFYD	YEAR TO DATE		Net Additions Deletions	Ending Accum Depr
								Net Sec 179/Sec 179A			
Class COMP											
AMBR000940	COMPUTER - NINA										
	11/16/2005	SL100FM	5 0	2,357 51	196.46	0 00	196 46	0 00		0 00	196 46
AMBR000950	NINA'S COMPUTER										
	12/06/2005	SL100FM	5 0	1,083 42	72 23	0 00	72 23	0 00		0 00	72 23
AMBR000980	COMPUTER AND MONITOR										
	01/31/2006	SL100FM	5 0	1,254 01	62.70	0 00	62.70	0 00		0 00	62 70
AMBR001060	ACER VERITON 6800 PC										
	03/23/2006	SL100FM	5 0	1,429 71	23 83	0 00	23 83	0 00		0 00	23 83
AMBR001070	ACER VERITON 6800 PC										
	03/23/2006	SL100FM	5 0	1,429 71	23 83	0 00	23 83	0 00		0 00	23 83
AMBR001080	ACER VERITON 6800 PC										
	03/23/2006	SL100FM	5 0	1,069 83	17 83	0 00	17 83	0 00		0 00	17 83
AMBR001090	VIEWSONIC 21" LCD										
	03/23/2006	SL100FM	5 0	748 16	12 47	0 00	12 47	0 00		0 00	12 47
AMBR001100	VIEWSONIC 21" LCD										
	03/23/2006	SL100FM	5 0	748 16	12 47	0 00	12 47	0 00		0 00	12 47
AMBR001110	LINKSYS ETHERNET PORT SWITCH										
	03/23/2006	SL100FM	5 0	632.12	10 54	0 00	10 54	0 00		0 00	10 54
AMBR001120	ACER TRAVELMATE 4200 NOTEBOOK PC										
	03/23/2006	SL100FM	5 0	1,196 32	19 94	0 00	19 94	0 00		0 00	19 94
AMBR001130	3 LINKSYS ETHERNET PCI										
	03/23/2006	SL100FM	5 0	144 36	2.41	0 00	2 41	0 00		0 00	2 41
Less Disposals	Adjustment to eliminate cost values of disposed assets			-12,999 36							
Subtotal COMP (39)				74,599 11	13,353 70	33,857 59	13,353 70	0 00	-12,858 30	34,352.99	
Class. F & F											
AMBR000500	FURNITURE										
	02/05/1998	MS100AHY	7 0	700 00	0 00	696.00	0 00	0 00	-696 00	0 00	
AMBR000530	CREDENZA										
	05/01/1997	MS100AHY	7 0	100 00	0 00	100 00	0 00	0 00	-100 00	0 00	
AMBR000580	GLASS END TABLE										
	05/01/1997	MS100AHY	7 0	200 00	0 00	199 14	0 00	0 00	0 00	199 14	
AMBR000620	DESKS										
	04/09/1998	SL100FM	7 0	449 00	0 00	449 00	0 00	0 00	-449 00	0 00	
AMBR000630	PEDESTAL TABLES										
	04/15/1998	SL100FM	7 0	375 00	0 00	375 00	0 00	0 00	0 00	375 00	
AMBR000640	8 LEATHER CHAIRS										
	04/23/1998	SL100FM	7 0	1,160 00	0 00	1,146 29	0 00	0 00	0 00	1,146 29	
AMBR000730	2 FILE CABINETS										
	05/01/1997	SL100FM	10 0	200 00	18 33	158 33	18 33	0 00	-176 66	0 00	
AMBR000900	OFFICE FURNITURE										
	10/23/2004	SL100FM	7 0	1,129 95	161 42	80 71	161 42	0 00	0.00	242.13	
AMBR001030	DESK										
	03/09/2006	SL100FM	7 0	991 94	11 81	0 00	11 81	0 00	0 00	11.81	
AMBR001040	DESK										
	03/10/2006	SL100FM	7 0	1,059 94	12 62	0 00	12 62	0 00	0 00	12 62	
AMBR001050	CHAIRS AND DESKS										
	03/10/2006	SL100FM	7 0	1,079 93	12 86	0 00	12 86	0 00	0 00	12 86	
Less Disposals	Adjustment to eliminate cost values of disposed assets			-1,449 00							
Subtotal F & F (12)				5,996 76	217 04	3,204 47	217 04	0 00	-1,421 66	1,999.85	
Class LHIM											
AMBR001140	TENANT IMPROVEMENTS										
	03/23/2006	SL100FM	5 0	10,466 00	174 43	0.00	174.43	0 00	0.00	174 43	
Subtotal LHIM (1)				10,466 00	174 43	0 00	174.43	0 00	0.00	174.43	
Class OFF											
AMBR000160	CHANNEL BANK										

Asset ID	Placed In service	Depr Meth/Conv	Life Yr Mo	Book Cost	Depr & AFYD This Period	YEAR TO DATE				
						Beginning Accum Depr	Current Depr & AFYD	Net Sec 179/Sec 179A	Net Additions Deletions	Ending Accum Depr
Class OFF										
AMBR000240	05/01/1997 EQUIPMENT	SL100FM	5 0	1,200 00	0 00	1,200 00	0 00	0 00	0 00	1,200 00
AMBR000260	07/14/1998 8 SEAT PREDICTIV	SL100FM	5 0	1,620 00	0 00	1,620 00	0 00	0 00	0 00	1,620 00
AMBR000320	08/04/1998 DIALING EQUIPMENT	SL100FM	5 0	13,000 00	0 00	13,000 00	0 00	0 00	0 00	13,000 00
AMBR000370	03/26/1999 BREAST FORM	SL100FM	5 0	9,000 00	0 00	9,000 00	0 00	0 00	-9,000 00	0 00
AMBR000380	12/18/1998 MARKETING EQUIPMENT	SL100FM	5 0	800 00	0 00	800 00	0 00	0 00	0 00	800 00
AMBR000390	04/11/1998 EQUIPMENT - FLA	SL100FM	5 0	7,200 00	0 00	7,200 00	0 00	0 00	0 00	7,200 00
AMBR000400	04/21/1999 DIALERS	SL100FM	5 0	865 00	0 00	851 00	0 00	0 00	-851 00	0 00
AMBR000420	04/23/1999 MAILING MACHINE	SL100FM	5 0	9,000 00	0 00	9,000 00	0 00	0 00	-9,000 00	0 00
AMBR000430	06/10/1999 COPIER	SL100FM	5 0	19,258 00	0 00	19,258 00	0 00	0 00	0 00	19,258 00
AMBR000460	06/28/1999 2/3 DIALERS	SL100FM	5 0	320 00	0 00	320 00	0 00	0 00	0 00	320 00
AMBR000820	05/04/1999 TELEMAIL DIALERS	SL100FM	5 0	34,198 14	0 00	34,198 14	0 00	0 00	0 00	34,198 14
AMBR000870	03/31/2002 FAX MACHINE	SL100FM	5 0	13,500 00	2,700 00	8,325 00	2,700 00	0 00	0 00	11,025 00
AMBR000880	09/09/2004 ELECTRONICS/APPLIANCES FROM BEST BUY	SL100FM	5 0	674 87	134 97	78 73	134 97	0 00	0 00	213 70
AMBR000910	09/23/2004 FAX / COPIER - JO'S OFFICE	SL100FM	5 0	5,514 13	1,102 83	643 32	1,102 83	0 00	0 00	1,746 15
AMBR000930	04/01/2005 NEW PHONE SYSTEM	SL100FM	5 0	1,797 53	359 51	0 00	359 51	0 00	0 00	359 51
AMBR000960	10/03/2005 PRINTER - MARY	SL100FM	7 0	6,774 00	483 86	0 00	483 86	0 00	0 00	483 86
AMBR000970	01/03/2006 PRINTER - MAUREEN	SL100FM	5 0	672 57	33 63	0 00	33 63	0 00	0 00	33 63
AMBR001010	01/19/2006 PAM'S PRINTER	SL100FM	5 0	672 57	33 63	0 00	33 63	0 00	0 00	33 63
	03/31/2006	SL100FM	5 0	2,584 07	43 07	0 00	43 07	0 00	0 00	43 07
Less Disposals	Adjustment to eliminate cost values of disposed assets									
				-18,865 00						
Subtotal OFF (20)				109,785 88	4,891 50	105,494 19	4,891 50	0 00	-18,851 00	91,534 69
Grand Total				200,847 75	18,636 67	142,556 25	18,636 67	0 00	-33,130 96	128,061 96

LIST OF STATES WHERE REGISTERED

Alabama: Consumer Protection Section, 11 South Union Street, Montgomery, AL 36130
 Alaska: Alaska Department Of Law, 1031 W. 4th Ave., Suite 200, Anchorage, AK 99501
 Arkansas: Consumer Protection Division, 323 Center Street, 200 Tower Bldg, Little Rock, AR 72201
 Arizona: Charitable Organization Registration, 1700 W. Washington St., 7th Floor, Phoenix, AZ 85007
 California: Registry Of Charitable Trusts, 1900 I Street, Suite 101, Sacramento, CA 95814
 Colorado: Office Of The Secretary Of State, 1560 Broadway, Suite 200, Denver, CO 80202
 Connecticut: Public Charities Unit, 55 Elm Street, Hartford, CT 06108
 Florida: Division Of Consumer Services, 407 S. Calhoun Street, #218, Tallahassee, FL 32399
 Pinellas County, Florida: Department Of Consumer Protection, 15251 Roosevelt Blvd., Suite 209, Clearwater, FL 33760
 Georgia: Office Of The Secretary Of State, 2 Martin Luther King Jr. Dr. SE, #802, Atlanta, GA 30334
 Illinois: Charitable Trusts & Solicitations Div., 100 W. Randolph St., 12th Fl., Chicago, IL 60601
 Indiana: Consumer Protection Division, 100 N. Senate Ave., Room 201, Indianapolis, IN 46204
 Kansas: Secretary Of State's Office, 120 S.W. 10th Ave., 1st Fl. Mem. Hall, Topeka, KS 66612
 Kentucky: Consumer Protection Division, 1024 Capital Center Drive, Frankfort, KY 40601
 Jefferson County, Kentucky: Department Of Public Protection, 810 Barrat Ave., Suite 128, Louisville, KY 40204
 Louisiana: Consumer Protection Section, 301 Main Street, Suite 1250, Baton Rouge, LA 70801
 Maine: Licensing & Enforcement Division, State House Station 35, Augusta, ME 04333
 Maryland: Charitable Division, State House, Annapolis, MD 21401
 Massachusetts: Division Of Public Charities, 1 Ashburton Place, Boston, MA 02108
 Michigan: Consumer Protection & Charitable Trust, 690 Law Bldg, 625 W. Ottawa Street, Lansing, MI 48913
 Minnesota: Charities Division, 445 Minnesota Street, Suite 1200, St Paul, MN 55101
 Mississippi: Office Of The Secretary Of State, P O Box 138, Jackson, MS 39205
 Missouri: Public Protection Unit, P O Box 699, Jefferson City, MO 65102
 North Carolina: Secretary Of State, 2 South Salisbury Street, Raleigh, NC 27601
 New Hampshire: Division Of Charitable Trusts, 33 Capitol Street, Concord, NH 03301
 New Jersey: Division Of Consumer Affairs, 124 Halsey Street, 7th Floor, Newark, NJ 07101
 New Mexico: , 111 Lomas Blvd., NW, Suite 300, Albuquerque, NM 87102
 New York: Department Of State, 41 State Street, 12th Floor, Albany, NY 12207
 North Dakota: Secretary Of State, 600 East Boulevard, Bismarck, ND 58505
 Ohio: Charitable Foundation Section, 101 East Town Street, Columbus, OH 43215
 Oklahoma: Oklahoma Secretary Of State, 2300 N. Lincoln Blvd., Room 101, Oklahoma City, OK 73105
 Oregon: Department Of Justice, 1515 SW 5th Avenue, Suite 410, Portland, OR 97201
 Pennsylvania: Bureau Of Charitable Organizations, 207 North Office Building, Harrisburg, PA 17120
 Rhode Island: Charitable Organization Section, 233 Richmond Street, Suite 232, Providence, RI 02903
 South Carolina: Office Of The Attorney General, P.O. Box 11350, Columbia, SC 29211
 Tennessee: Division Of Charitable Solicitations, 312 Eighth Avenue North, 8th Floor, Nashville, TN 37243
 Utah: Division Of Consumer Protection, 180 East 300 South, Salt Lake City, UT 84604
 Virginia: Office Of The Attorney General, 1100 Bank Street, Richmond, VA 23219
 Washington: Charitable Solicitation Division, 801 Capitol Way South, Olympia, WA 98504
 West Virginia: Office Of The Secretary Of State, 1900 Kanawha Blvd., East, Charleston, WV 25305
 Wisconsin: Dept Of Regulation & Licensing, 1400 E. Washington Avenue, Madison, WI 53702

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization THE AMERICAN BREAST CANCER FOUNDATION INC.	Employer identification number 52-2031814
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 1220-B EAST JOPPA ROAD, NO. 332	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BALTIMORE, MD 21286	

Check type of return to be filed (file a separate application for each return):

- | | | |
|----------------------------------------------|-------------------------------------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ► **PHYLLIS WOLF**

Telephone No. ► **410-825-9388**

FAX No. ►

• If the organization does **not** have an office or place of business in the United States, check this box ☐

• If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the **whole** group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1** I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **NOVEMBER 15, 2006** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year _____ or
- ☒ tax year beginning **APR 1, 2005**, and ending **MAR 31, 2006**.
- 2** If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 3a** If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____
- b** If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____
- c** **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 12-2004)

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ► ☒
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)**Form 990-T corporations** requesting an automatic 6-month extension - check this box and complete Part I only ► ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

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Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization THE AMERICAN BREAST CANCER FOUNDATION INC.	Employer identification number 52-2031814
	Number, street, and room or suite no. If a P.O. box, see instructions. 1220-B EAST JOPPA ROAD, NO. 332	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BALTIMORE, MD 21286	

Check type of return to be filed (file a separate application for each return):

- | | | |
|----------------------------------------------|-------------------------------------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► **PHYLLIS WOLF**
Telephone No. ► **410-825-9388** FAX No. ► _____
- If the organization does **not** have an office or place of business in the United States, check this box ► ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole** group, check this box ► ☐. If it is for part of the group, check this box ► ☐ and attach a list with the names and EINs of all members the extension will cover.

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► ☒ tax year beginning **APR 1, 2005**, and ending **MAR 31, 2006**.
- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
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